



**MISSOURI DEPARTMENT OF REVENUE
CHANGE OF NAME/ADDRESS**

PLEASE COMPLETE ONLY THOSE LINES THAT REQUIRE CHANGING

PLEASE USE THIS FORM TO REPORT ANY CHANGES OF MAILING ADDRESS AND/OR NAME.

NEW NAME

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

SPOUSE'S NEW NAME

____ - ____ - _____

____ - ____ - _____

PREVIOUS NAME AND MAILING ADDRESS

NEW MAILING ADDRESS

CITY

MAIL TO:

Missouri Department of Revenue
P.O. Box 555
Jefferson City, MO 65105-0555

STATE

ZIP CODE